

FOR INSTRUCTIONS ON COMPLETING THIS FORM, REFER TO THE MATERIAL ON THE SUMMARY REPORT FOUND IN THE PAYROLL REPORTING SECTION OF THE PROCEDURES MANUAL (PERS-ADM-DO-430)

| SERVICE PERIOD TYPE CODES | |
|---------------------------|------|
| ITEM | CODE |
| MONTHLY | 0 |
| SEMI-MONTHLY-1ST HALF | 1 |
| SEMI-MONTHLY-2ND HALF | 2 |
| BI-WEEKLY-1ST PAYROLL | 3 |
| BI-WEEKLY-2ND PAYROLL | 4 |
| BI-WEEKLY-3RD PAYROLL | 5 |
| QUADRIWEEKLY-1ST PAYROLL | 6 |
| QUADRIWEEKLY-2ND PAYROLL | 7 |

COUNTY CODE

| | | | | | |
|---|----------------|---|----------------|------|------|
| EMPLOYER CODE: | EMPLOYER NAME: | OFFICE CODE | SERVICE PERIOD | | |
| | | | MONTH | YEAR | TYPE |
| CERTIFICATION | | <input type="checkbox"/> SPECIAL PAYROLL | | | |
| I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED, AND ACTING OFFICER OF THE HEREIN NAMED EMPLOYER; AND THAT THE DATA AS SET FORTH ON THIS FORM AND THE SUPPORTING | | | BEGINNING DATE | | |
| | | | MONTH | DAY | YEAR |
| | | | | | |
| DOCUMENTS ARE TRUE AND CORRECT. | | <input type="checkbox"/> SUPPLEMENTAL PAYROLL REPORTING FORM | ENDING DATE | | |
| SIGNATURE | DATE: | | MONTH | DAY | YEAR |
| | | | | | |
| NAME AND TITLE (PRINT OR TYPE) | PHONE NO: | | | | |
| | | (PERS-AESD-624) ATTACHED | | | |

| EMPLOYER CONTRIBUTIONS | | | | MEMBER CONTRIBUTIONS | |
|---------------------------|------------------|----|--------------------|-------------------------------------|----|
| 1. COVERAGE GRP. | 2. EMPLOYER RATE | X | 3. MEMBER EARNINGS | 4. EMPLOYER CONTRIBUTIONS | |
| | % | \$ | \$ | 7. NORMAL: | \$ |
| | % | \$ | \$ | 8. TAX DEFERRED: | \$ |
| | % | \$ | \$ | 9. ADDITIONAL: | \$ |
| | % | \$ | \$ | 10. SUB-TOTAL (7+8+9): | \$ |
| | % | \$ | \$ | 11. SURVIVOR BENEFIT: | \$ |
| | % | \$ | \$ | 12. TOTAL MEMBER CONTRIBUTIONS: | \$ |
| | % | \$ | \$ | | |
| | % | \$ | \$ | | |
| | % | \$ | \$ | | |
| | % | \$ | \$ | | |
| 5. TOTAL MEMBER EARNINGS: | | | \$ | 6. TOTAL EMPLOYER CONTRIBUTIONS: \$ | |

| | | | | |
|---|--|--|---------------------------|-----------|
| 13. TOTAL MEMBER AND EMPLOYER CONTRIBUTIONS: | | | (ITEM 6 + ITEM 12) | \$ |
|---|--|--|---------------------------|-----------|

| | | |
|-------------------------|--|----|
| ADJUSTMENTS: | 14.A SURPLUS ASSET: MISCELLANEOUS CATEGORY | \$ |
| | 14.B SURPLUS ASSET: SAFETY CATEGORY | \$ |
| | ATTACH ADJUSTMENT NOTICES TO SUPPORT AMOUNT SHOWN. | |
| 14.C ACC-344/ACC-1520 | NOTE: Do not enter in this space corrections of member earnings and contributions made on Payroll Listing. | \$ |
| | DATE PAID | |
| 15. ADVANCE PAYMENT/EFT | | \$ |

| | | |
|---|---|----|
| 16. BALANCE DUE: (ITEM 13 PLUS OR MINUS ITEM 14A, 14B, 14C OR 15) | PREPARE ONE CHECK OR WARRANT PAYABLE TO THE CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM. | \$ |
|---|---|----|

| FOR CALPERS USE ONLY | | | | |
|--------------------------------|-------------|---------|--------------------------|----|
| Control No. and Business Month | 100% Change | Audited | Remittance Amount | \$ |
| | | | 17. | |
| | | | Date Paid | |
| | | | 18. | |
| | | | Previous Document Number | |